

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		4				
11	1					
12	1					
13		1				
14		2				
15	1					
16		1				
17		2				
18	1					
19	1					
20		1				
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24		2				
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48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	31					
TOTAL CLAIMS	37					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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